Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXOMA MEDICAL CENTER
3255 W PIONEER PKWY
ARLINGTON TX 76013

Respondent Name
Midwest Employers Casualty Co.

Carrier's Austin Representative Box
Box Number 19

MFDR Tracking Number
M4-12-1301-01

MFDR Date Received
December 29, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary December 29, 2011: "Please submit this claim for the correct allowable per ASC RULE 134:402: Outpatient Hospital Rule 134.03, HCPCS's are payable at 200% of the correct fee schedule allowable. We submitted an appeal to the carrier but they have chosen to deny all of our requests for the total amount we feel is outstanding at this time."

Amount in Dispute: $2,011.18

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Respondent was notified of this Medical Fee Dispute on December 30, 2011, but no response was submitted.

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
January 3, through January 31, 2011	Outpatient Hospital Services	$2,011.18	$970.48

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403, titled *Hospital Facility Fee Guideline – Outpatient*, sets out the reimbursement guidelines for facility services provided in an outpatient acute care hospital.
3. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, sets out the reimbursement guidelines for professional medical services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated March 2, 2011
   - 59 – CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.

- W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT

Explanation of benefits dated August 5, 2011

- 97 – PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE
- W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT

Issues

1. Are the disputed services subject to a contractual agreement between the parties to this dispute?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. What is the recommended payment amount for the services in dispute?
4. Is the requestor entitled to reimbursement?

Findings

1. Review of the submitted documentation finds no information to support that the disputed services are subject to a contractual agreement between the parties to this dispute.
2. This dispute relates to facility services performed in an outpatient hospital setting with reimbursement subject to the provisions of 28 Texas Administrative Code §134.403, which requires that the reimbursement calculation used for establishing the maximum allowable reimbursement (MAR) shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the Federal Register with the application of minimal modifications as set forth in the rule. Per §134.403(f)(1), the sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 200 percent, unless a facility or surgical implant provider requests separate reimbursement of implantables. Review of the submitted documentation finds that separate reimbursement for implantables was not requested.
3. Under the Medicare Outpatient Prospective Payment System (OPPS), each billed service is assigned an Ambulatory Payment Classification (APC) based on the procedure code used, the supporting documentation and the other services that appear on the bill. A payment rate is established for each APC. Depending on the services provided, hospitals may be paid for more than one APC per encounter. Payment for ancillary and supportive items and services, including services that are billed without procedure codes, is packaged into payment for the primary service. A full list of APCs is published quarterly in the OPPS final rules which are publicly available through the Centers for Medicare and Medicaid Services (CMS) website. Pricing policies that also apply are Multiple Procedure Payment Reduction Rate. The Centers for Medicare & Medicaid Services (CMS) is applying a MPPR to the practice expense payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedures. Full payment is made for the unit or procedure with the highest PE payment. For subsequent units and procedures, furnished to the same patient on the same day, full payment is made for work and malpractice and 80 percent payment for the PE for services furnished in office settings and other non-institutional settings and at 75 percent payment for the PE services furnished in institutional settings. Reimbursement for the disputed services is calculated as follows:

- For dates of service January 3, 4, 5, 6,7, 10,11,12, 13, 14, 17, 18, 19, 20, 21, 24, 25, 26, 27, 28 and 31, 2011. Procedure code C1300 has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. This service is classified under APC 0659, which, per OPPS Addendum A, has a payment rate of $104.99. This amount multiplied by 60% yields an unadjusted labor-related amount of $62.99. This amount multiplied by the annual wage index for this facility of 0.9561 yields an adjusted labor-related amount of $60.22. The non-labor related portion is 40% of the APC rate or $42.00. The sum of the labor and non-labor related amounts is $102.22 multiplied by 4 units is $408.88. The cost of this service does not exceed the annual fixed-dollar threshold of $2,025. The outlier payment amount is $0. The total APC payment for this service is $408.88. This amount multiplied by 200% yields a MAR of $817.76. This amount multiplied by total dates of service (817.76 x 21 = $17,172.96).
- Date of service January 4, 2011. Procedure code 97035 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.58.

This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $16.98. The recommended payment is $16.98.

- Date of service January 4, 2011. Procedure code 97110 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is 28.74. This amount multiplied by 3 units is $86.22. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $138.40. The recommended payment is $138.40.
- Date of service January 4, 2011. Procedure code G0283 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.76. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $17.27. The recommended payment is $17.27.
- Date of service January 6, 2011. Procedure code 97035 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.58. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $16.98. The recommended payment is $16.98.
- Date of service January 6, 2011. Procedure code 97110 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is 28.74. This amount multiplied by 3 units is $86.22. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $138.40. The recommended payment is $138.40.
- Date of service January 6, 2011. Procedure code G0283 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.76. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $17.27. The recommended payment is $17.27.
- Date of service January 11, 2011. Procedure code 97035 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.58. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $16.98. The recommended payment is $16.98.
- Date of service January 11, 2011. Procedure code 97110 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $28.74. This amount multiplied by 3 units is $86.22. This amount divided by the Medicare conversion factor of

33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $138.40. The recommended payment is $138.40.

- Date of service January 11, 2011. Procedure code G0283 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.76. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $17.27. The recommended payment is $17.27.
- Date of service January 13, 2011. Procedure code 97035 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.58. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $16.98. The recommended payment is $16.98.
- Date of service January 13, 2011. Procedure code 97110 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $28.74. This amount multiplied by 2 units is $57.48. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $92.27. The recommended payment is $92.27.
- Date of service January 13, 2011. Procedure code G0283 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.76. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $17.27. The recommended payment is $17.27.
- Date of service January 18, 2011.Procedure code 97035 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.58. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $16.98. The recommended payment is $16.98.
- Date of service January 18, 2011.Procedure code 97110 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $28.74. This amount multiplied by 4 units is $114.96. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $184.54. The recommended payment is $184.54.
- Date of service January 18, 2011. Procedure code G0283 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.76. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion

factor of 54.54 yields a MAR of $17.27. The recommended payment is $17.27.

- Date of service January 20, 2011. Procedure code 97035 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.58. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $16.98. The recommended payment is $16.98.
- Date of service January 20, 2011. Procedure code 97110 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $28.74. This amount multiplied by 3 units is $86.22. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $138.40. The recommended payment is $138.40.
- Date of service January 20, 2011.Procedure code G0283 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.76. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $17.27. The recommended payment is $17.27.
- Date of service January 25, 2011. Procedure code 97035 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.58. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $16.98. The recommended payment is $16.98.
- Date of service January 25, 2011. Procedure code 97110 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $25.46. This amount multiplied by 3 units is $76.38. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $122.61. The recommended payment is $122.61.
- Date of service January 25, 2011. Procedure code G0283 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.76. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $17.27. The recommended payment is $17.27.
- Date of service January 27, 2011.Procedure code 97033 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $27.09. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $43.49. The recommended payment is $43.49.

- Date of service January 27, 2011.Procedure code 97035 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $10.58. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $16.98. The recommended payment is $16.98.

- Date of service January 27, 2011.Procedure code 97110 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services, §134.203(c) and MPPR file. The fee listed for this code in the MPPR file is $25.46. This amount multiplied by 3 units is $76.38. This amount divided by the Medicare conversion factor of 33.9764 and multiplied by the Division conversion factor of 54.54 yields a MAR of $122.61. The recommended payment is $122.61.

- For dates of service January 3, 6, 10, and 13, 2011. Per Medicare policy, procedure code 97597 may not be reported with the procedure code for another service billed on this same claim. Payment for this service is included in the payment for the primary procedure. Separate payment is allowed. Procedure code 97597 has a status indicator of T, which denotes a significant procedure subject to multiple-procedure discounting. The highest paying status T procedure is paid at 100%; all others are paid at 50%. This procedure is paid at 50%. This service is classified under APC 0015, which, per OPPS Addendum A, has a payment rate of $103.14. This amount multiplied by 60% yields an unadjusted labor-related amount of $61.88. This amount multiplied by the annual wage index for this facility of 0.9561 yields an adjusted labor-related amount of $59.16. The non-labor related portion is 40% of the APC rate or $41.26. The sum of the labor and non-labor related amounts is $100.42. The cost of this service does not exceed the annual fixed-dollar threshold of $2,025. The outlier payment amount is $0. The total APC payment for this service, including multiple-procedure discount, is $50.21. This amount multiplied by 200% yields a MAR of $100.42. Total MAR for this procedure (100.42 x 4 = 401.68)

- Date of service January 17, 2011. Procedure code 11042 has a status indicator of T, which denotes a significant procedure subject to multiple-procedure discounting. The highest paying status T procedure is paid at 100%; all others are paid at 50%. This procedure is paid at 100%. This service is classified under APC 0016, which, per OPPS Addendum A, has a payment rate of $188.16. This amount multiplied by 60% yields an unadjusted labor-related amount of $112.90. This amount multiplied by the annual wage index for this facility of 0.9561 yields an adjusted labor-related amount of $107.94. The non-labor related portion is 40% of the APC rate or $75.26. The sum of the labor and non-labor related amounts is $183.20. The cost of this service does not exceed the annual fixed-dollar threshold of $2,025. The outlier payment amount is $0. The total APC payment for this service is $183.20. This amount multiplied by 200% yields a MAR of $366.40.

- For dates of service January 17 and 20, 2011. Per Medicare policy, procedure code 97597 may not be reported with the procedure code for another service billed on this same claim. Payment for this service is included in the payment for the primary procedure. A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed may be justified if a modifier is used appropriately. The requestor billed the disputed service with an appropriate modifier. Separate payment is allowed. Procedure code 97597 has a status indicator of T, which denotes a significant procedure subject to multiple-procedure discounting. The highest paying status T procedure is paid at 100%; all others are paid at 50%. This procedure is paid at 50%. This service is classified under APC 0015, which, per OPPS Addendum A, has a payment rate of $103.14. This amount multiplied by 60% yields an unadjusted labor-related amount of $61.88. This amount multiplied by the annual wage index for this facility of 0.9561 yields an adjusted labor-related amount of $59.16. The non-labor related portion is 40% of the APC rate or $41.26. The sum of the labor and non-labor related amounts is $100.42. The cost of this service does not exceed the annual fixed-dollar threshold of $2,025. The outlier payment amount is $0. The total APC payment for this service, including multiple-procedure discount, is $50.21. This amount multiplied by 200% yields a MAR of $100.42. Total MAR for this procedure ($100.42 x 2 = $200.84).

- Procedure code 99213 has a status indicator of V, which denotes a clinic or emergency department visit paid under OPPS with separate APC payment. This service is classified under APC 0605, which, per OPPS Addendum A, has a payment rate of $75.13. This amount multiplied by 60% yields an unadjusted labor-related amount of $45.08. This amount multiplied by the annual wage index for this facility of 0.9561 yields an adjusted labor-related amount of $43.10. The non-labor related portion is 40% of the APC rate or $30.05.

The sum of the labor and non-labor related amounts is $73.15. The cost of this service does not exceed the annual fixed-dollar threshold of $2,025. The outlier payment amount is $0. The total APC payment for this service is $73.15. This amount multiplied by 200% yields a MAR of $146.30.

- Procedure code 11042 has a status indicator of T, which denotes a significant procedure subject to multiple-procedure discounting. The highest paying status T procedure is paid at 100%; all others are paid at 50%. This procedure is paid at 50%. This service is classified under APC 0016, which, per OPPS Addendum A, has a payment rate of $188.16. This amount multiplied by 60% yields an unadjusted labor-related amount of $112.90. This amount multiplied by the annual wage index for this facility of 0.9561 yields an adjusted labor-related amount of $107.94. The non-labor related portion is 40% of the APC rate or $75.26. The sum of the labor and non-labor related amounts is $183.20. The cost of this service does not exceed the annual fixed-dollar threshold of $2,025. The outlier payment amount is $0. The total APC payment for this service, including multiple-procedure discount, is $91.60. This amount multiplied by 200% yields a MAR of $183.20.
- Procedure code 99212 has a status indicator of V, which denotes a clinic or emergency department visit paid under OPPS with separate APC payment. This service is classified under APC 0605, which, per OPPS Addendum A, has a payment rate of $75.13. This amount multiplied by 60% yields an unadjusted labor-related amount of $45.08. This amount multiplied by the annual wage index for this facility of 0.9561 yields an adjusted labor-related amount of $43.10. The non-labor related portion is 40% of the APC rate or $30.05. The sum of the labor and non-labor related amounts is $73.15. The cost of this service does not exceed the annual fixed-dollar threshold of $2,025. The outlier payment amount is $0. The total APC payment for this service is $73.15. This amount multiplied by 200% yields a MAR of $146.30.

4. The total allowable reimbursement for the services in dispute is $19,993.53. This amount less the amount previously paid by the insurance carrier of $19,023.05 leaves an amount due to the requestor of $970.48. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $970.48.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $970.48 reimbursement for the disputed services.

Authorized Signature

		February 26, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.